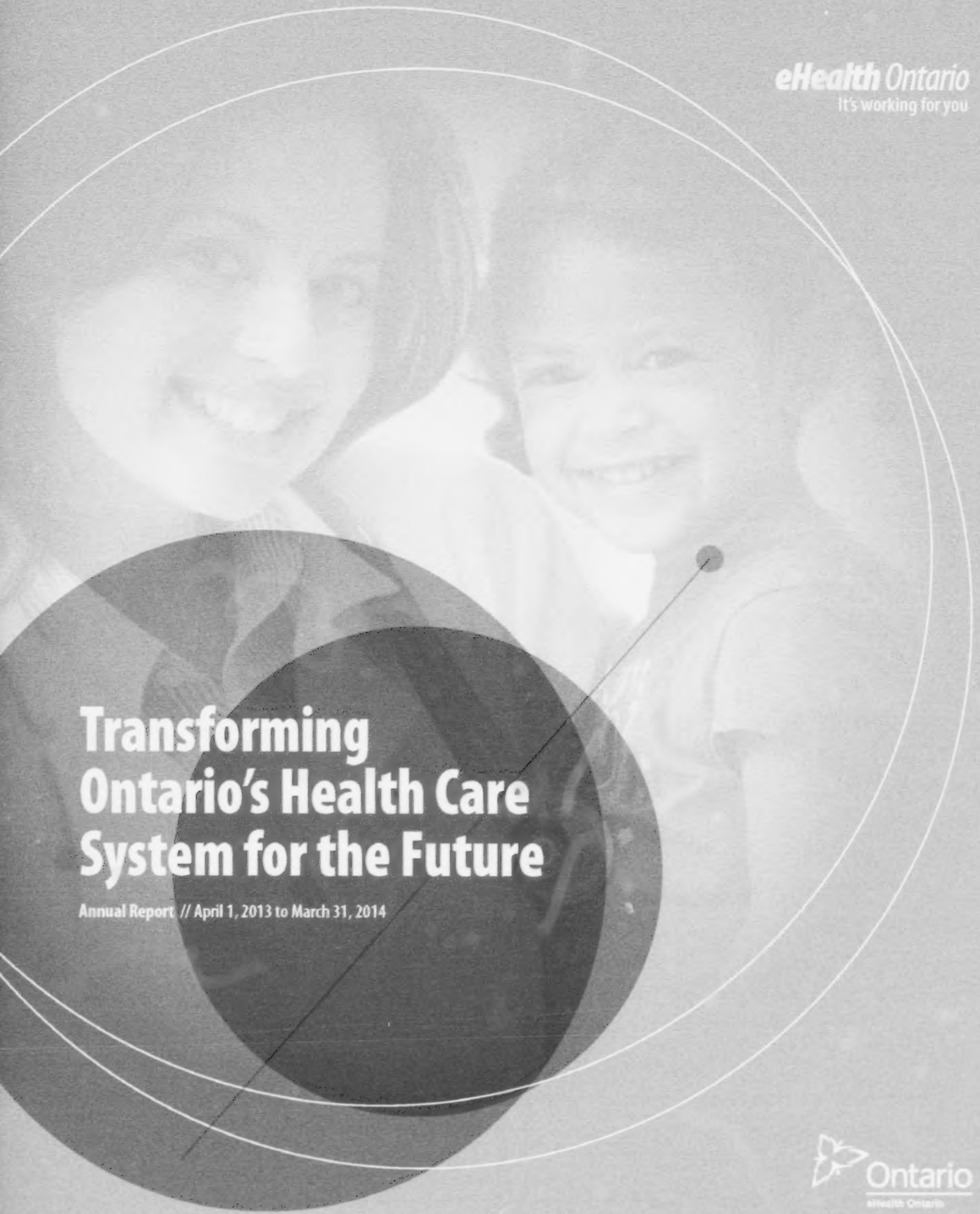
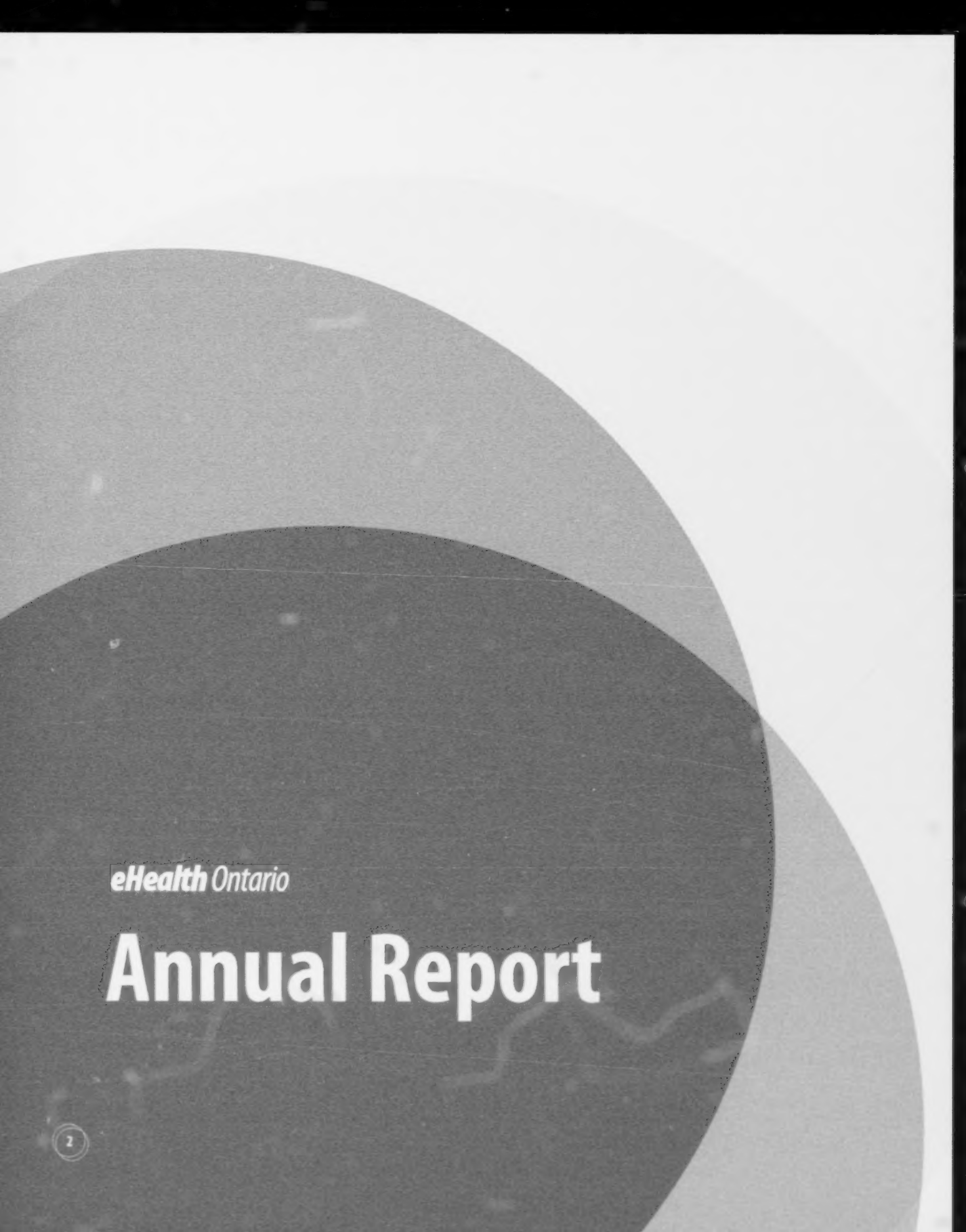
eHealth Ontario
It's working for you



Transforming Ontario's Health Care System for the Future

Annual Report // April 1, 2013 to March 31, 2014

Ontario
eHealth Ontario


eHealth Ontario
Annual Report

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About eHealth Ontario

ABOUT EHEALTH ONTARIO

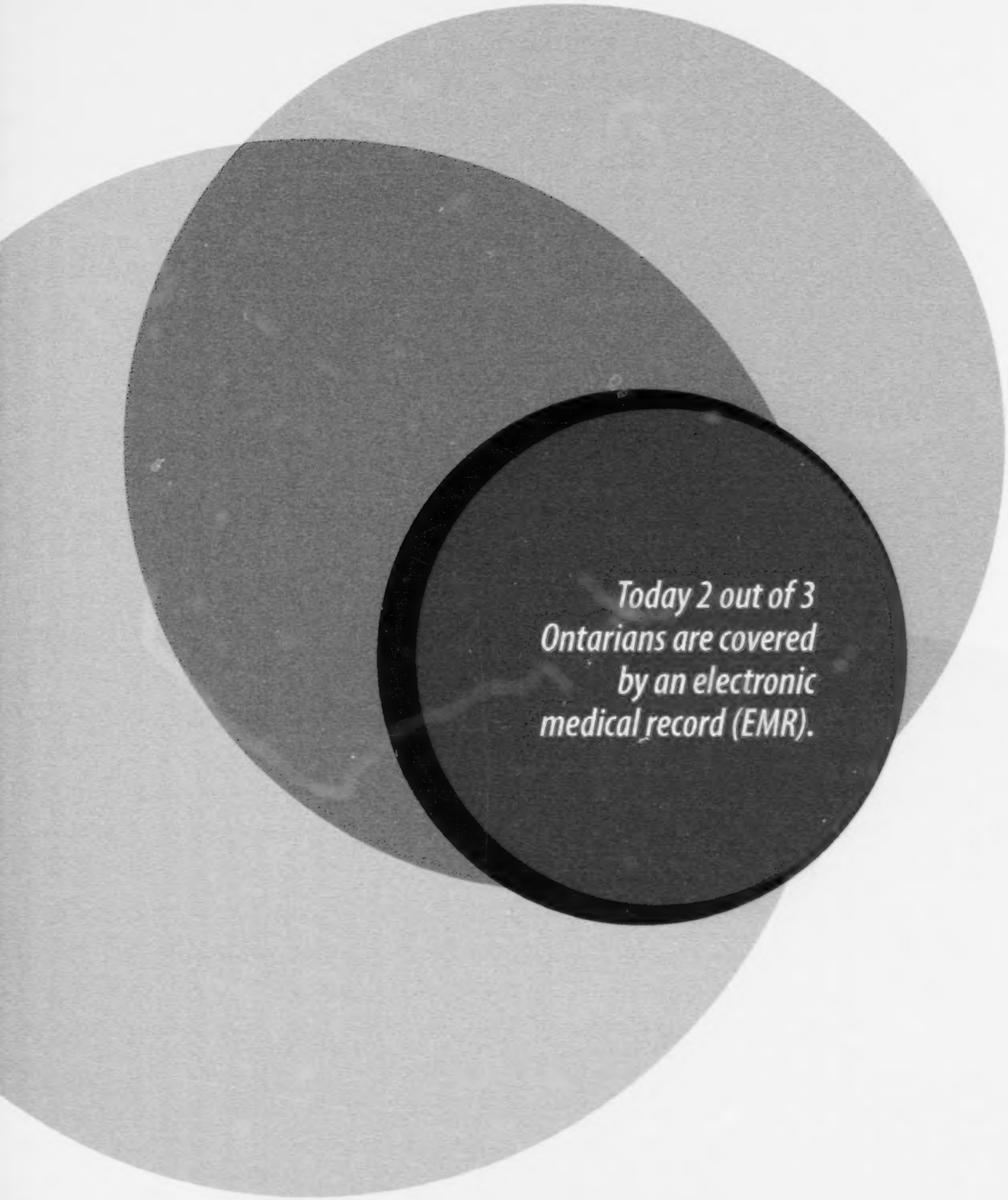
Today, across much of Ontario, chances are a family physician or nurse practitioner can readily access your medical records on his or her computer or tablet. Have you had a blood test recently? Results can now be viewed electronically by those involved in your care. Local hospitals are now able to electronically share diagnostic medical images and discharge reports with other health care providers in the region. At the core of this innovation is eHealth Ontario.

Established by the provincial government in 2008 as an independent agency of the Ministry of Health and Long-Term Care (MOHLTC), eHealth Ontario provides clinicians with the tools and guidance to establish and maintain electronic health records (EHRs) for every Ontarian.

With eHealth Ontario's support, physicians and other clinicians across the province are using electronic medical record software in their practices to create individual electronic health records (EHR), for their patients every day. Through electronic data delivery, eHealth Ontario is helping to improve patient outcomes, increasing health care efficiencies, enhancing health care experiences, and creating savings and value for the Ontario taxpayer.

Together with private and public sector partners, eHealth Ontario is:

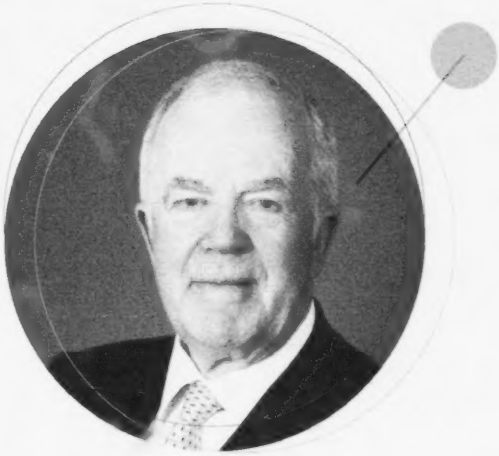
- Providing ehealth services and related support for the effective and efficient planning, management and delivery of health care in Ontario;
- Developing a transformational ehealth services strategy that moves the agency from a build-and-deliver model to one focused on service and maintenance;
- Coordinating and integrating the vast array of health care data housed in disparate systems across the province so providers can securely share patient information with one another; and
- Protecting the privacy of individuals, whose personal health information is collected, transmitted, stored or exchanged through information systems funded and/or developed by eHealth Ontario.


Today 2 out of 3
Ontarians are covered
by an electronic
medical record (EMR).

PROGRESS REPORT: 2013-2014 OVERVIEW

eHealth Ontario is having an ongoing positive impact on the province's health care system, delivering significant returns on investment for Ontario taxpayers while helping to improve both the quality of and access to medical care for patients.

- Today, two out of three Ontarians receive care from physicians using electronic medical record (EMR) software.
- Seven out of 10 physicians use EMR software in their community practices to manage and share patient information on a daily basis.
- 30 minutes. That's how long it takes, on average, for your EMR-enabled doctor or clinician to receive hospital reports electronically instead of a week or longer using conventional mail or unsecured fax machines.
- Over 325,000 vulnerable citizens (including new immigrants, homeless, low income families, underserved rural populations and Aboriginal peoples) now benefit from EMRs in community health centres — more than double from 2012/2013.
- The medication history of every senior in Ontario is now digitally accessible in every hospital and emergency room.
- 100 per cent of hospitals are now sharing diagnostic medical images and reports digitally.
- Over 2.9 billion test results of Ontarians are held digitally in the Ontario laboratories information system (OLIS), where authorized health care providers can access 3,000 different types of lab tests through their EMRs. OLIS itself is capable of hosting up to 45,000 unique types of tests.
- Saving millions of dollars and speeding access to care, 20,445 neuro consultations are now conducted remotely — meaning neuro trauma patients have access to a neurosurgeon 24 hours a day, 7 days a week.



Message from the Chair

eHealth Ontario is working to help health care providers securely integrate their electronic health record systems into a province-wide health information network.

In large part, many of eHealth Ontario's 2013-2014 successes can be credited to the unity of purpose and dedication of the agency's seasoned executive team.

This past year, the agency focused on growing the electronic medical record (EMR) implementation and achieving more meaningful use by more clinicians, connecting them to the Ontario laboratories information system (OLIS) and allowing electronic receipt of hospital reports. EMR adoption rates, as a result, and their inherent benefits have soared. The executive team was also instrumental in implementing a strategy to leverage existing local and regional information technology (IT) systems to better connect clinicians with patient information.

On October 1, 2013, I assumed the role of interim chief executive officer (CEO) with a goal to build on our past achievements. The agency's comptrollership remains strong with the good work of its chief financial officer and the active oversight of the finance and audit committee of the board of directors. eHealth Ontario has reached sufficient maturity in its operations and delivery of a provincial electronic health record to take on the challenge as the system integrator for ehealth in Ontario as its core service mission.

eHealth Ontario's systems integrator service mission will see the agency continue to develop and maintain design, data and technology standards that optimize enterprise integration. Enterprise integration, in turn, aims to optimize the access, and the highest and best use of Ontario's investments in its production and clinical data assets for the benefit of all Ontario

patients. In this role, we will continue to work closely with private and public implementers, regional health care organizations and individual hospital sites to provide design and standards guidance for ongoing eHealth Ontario initiatives.

Accordingly, under my direction, beginning in early 2014, the agency is now organized into three service units, to give full effect to its service mission as the system integrator for ehealth in Ontario, as follows:

OPERATIONS & INTEGRATED NETWORK SERVICES – led by our chief operating officer who maintains technology services and hosting services that build, operate and support all of Ontario's electronic health record (EHR) systems.

ENTERPRISE SYSTEM INTEGRATION SERVICES – led by our chief architect who maintains Ontario's ehealth blueprint and enterprise project road map, reflecting the logical sequencing and connecting of all current and future projects and Ontario's EHR interoperability standards ensuring that information is designed in a way that can be readily exchanged and understood by care providers across the province based on the approved EHR connectivity strategy.

CLINICAL DATA MANAGEMENT SERVICES – led by our vice-president, who provides technical advisory expertise related to the collection, use, modification, disclosure, retention or disposition of personal health information data and assures that all data under the control of eHealth Ontario complies strictly with all privacy laws.

To help mine the thoughts and suggestions of Ontario's clinical and provider communities on better ways to improve the delivery of ehealth services, the agency's first chief medical informatics officer (CMIO) was appointed in early October 2013. A surgical oncologist with strong information technology credentials, the new CMIO brings a clinical perspective to the agency's IT solutions and helps ensure clear clinical benefits are realized from the agency's investments. He will engage directly with clinicians and providers on a "peer to peer" basis to help shape the agency's initiatives. He has also been asked to establish research, education and solution centres to raise the knowledge bar by disseminating best practices in ehealth solutions found provincially, nationally and internationally.

In early March 2014, I elected, for personal reasons, to resume my full duties as chair of the board. The board of directors then named our corporate secretary and general counsel, David Rounthwaite, as interim CEO to lead the new organization until a permanent CEO is appointed.

As with the rapidly evolving ehealth landscape itself, our organization continues to adapt to change. Success in transforming this agency is largely owing to its executive team and the many subject matter experts among our eHealth Ontario staff who devote extraordinary skill and effort to advance the quality of health care for Ontarians. We are grateful for their continued dedication.

I also want to take this opportunity to acknowledge the care and effective supervision of the agency's board of directors. On its behalf, I thank Greg Reed, our former chief executive officer, for his contributions over the three and a half years of his tenure.

Respectfully,

Raymond V. Hession
Chair, Board of Directors
June 2014

EHEALTH ONTARIO AT GLANCE

At eHealth Ontario, we envision a future health care system that no longer relies on paper, pens and pencils or antiquated filing cabinets. Today, critical health care information travels electronically and effortlessly from patient to physician and other health care providers across the continuum of care.

This is a world where your medical history and lab test results are securely available with the click of a mouse. Where clinicians have ready access to rich data repositories of medical research and where technology makes quality health care available anywhere and anytime regardless of distance or geography.

How eHealth Ontario Helps

Our job is to help create and deliver a patient-focused, secure and private electronic health record (EHR) system for every Ontarian. That has been our over-arching mission since eHealth Ontario was created in 2008.

Today, eHealth Ontario is actively supporting province-wide efforts to implement new information technology that improves health care for the province's 13.5 million citizens.

We connect patients, physicians and other health care providers to digital health data, such as the Ontario laboratories information system (OLIS), which gives physicians and clinicians rapid access to important laboratory test results through a centralized registry. And, we help clinicians purchase EMR systems.

eHealth Ontario also works with the private sector to deliver electronic health care solutions that support regional planning authorities, and private sector vendors who have the expertise to develop new health care IT solutions.

Our Technology Infrastructure

eHealth Ontario owns and operates the ONE™ Network — a secure and high-speed electronic highway allowing health care providers to securely transmit personal health information, and access health care applications and services across the province.

Separate from the public internet, this network connects the technology resources of hundreds of health care facilities that compose the 14 regional Local Health Integration Networks (LHINs) whose job is to administer health care resources.

In addition to providing a platform for ehealth solutions and applications created by public and private sector partners, eHealth Ontario uses this network to deliver other services, ranging from a secure email system to doctor-patient videoconferencing to real-time health card validations.

Transforming the Future of Health Care

eHealth Ontario is helping to steer the province's health care system into the future, but is committed to practical solutions to get there.

Our overall objective is simple – enable health care IT systems to exchange patient information securely, accurately and comprehensively as quickly as possible. We do that by leveraging the best of existing technology and connecting these systems through a series of three regional

integration hubs covering southwestern Ontario, the greater Toronto area, and northeastern Ontario. These hubs provide the nexus where systems meet providing a seamless digital highway for the secure sharing of patient information.

eHealth Technology Guidance

Building an electronic health record is a complex undertaking. Designing a safe, robust and secure system where millions of electronic records that can hold unlimited amounts of personal health information and be securely accessed anywhere in the province anywhere, anytime is even more challenging.

At eHealth Ontario, we're up to the task. Our team members provide valuable IT advice on issues such as standards architecture, connectivity, and privacy protocols to health care providers, hospitals, professional associations, and public and private sector partners across Ontario.

As of March 2014, we employed 796 people in four office locations and its secure computing centres.

Senior Management

David Rounthwaite
Interim Chief Executive Officer / General Counsel & Corporate Secretary

Alice Keung
Chief Operating Officer

Abigail Carter-Langford
Chief Privacy Officer & Vice President

Allan Gunn
Vice President, Human Resources

Angela Young
Chief Financial Officer & Senior Vice President

Ann Weir
Chief Internal Auditor

Dr. Peter A.J. Bascom
Chief Architect

Dr. Wei Qiu
Chief Medical Informatics Officer

Rick Haier
Chief Security Officer

Rob Basque
Senior Vice President, Operations

Robert Mitchell
Vice President, Stakeholder Relations & Corporate Communications

Sime Pavlovic
Vice President, Clinical Data Management Services

Board of Directors

- Raymond V. Hession, Chair
- David Hallett
- Dr. George Southey
- Heather Sherrard
- Jean-Pierre Boisclair
- Maureen O'Neil
- Michael Foulkes
- Sue Matthews
- Veronica S. Maidman

2013/2014 Achievements

PHYSICIAN EHEALTH

Working with OntarioMD, a subsidiary of the Ontario Medical Association, and the Association of Ontario Health Centres (AOHC), eHealth Ontario is providing funding and support to community-based clinicians to adopt EMR systems — enabling them to electronically collect, manage and share patients' health information.

What's New?

Nearly 11,000 or seven in 10 community-based physicians are now enrolled in our EMR adoption program. Of the 90 AOHC member sites, 58 sites are live on an EMR system with over 500 clinicians actively using it.

In Ontario's nurse practitioner-led clinics (NPLCs), all 90 nurse practitioners practicing in 25 NPLCs across Ontario have gone live on certified EMR products — serving 43,000 patients.

All told, over 10 million Ontarians are benefiting from EMR systems.

Other New Developments

- eHealth Ontario and OntarioMD have now developed a framework and an approach to promote EMR-enhanced use. A rollout of an EMR maturity model has now begun to community-based providers.
- Ontario laboratories information system (OLIS) is averaging more than 70,000 queries from EMRs per month, and approximately 5,500 clinicians are connected to EMR systems receive OLIS lab results.
- 104 out of 139 of Ontario hospital corporations (about 75 per cent) are now sending hospital reports electronically to 2,400 EMR-enabled clinicians. For example, 560,000 hospital reports were sent digitally to EMRs in March 2014 alone.
- The Better Outcomes Registry and Network (BORN) pilot project is now serving 10 family health teams (FHT) with about 1,500 18-month "well baby" forms incorporated into their EMR and another 1,200 antenatal records (data documented and recorded before birth) submitted into the system. This project is being expanded to include all well baby forms (0-5 years) in EMRs.

When my patient has a test done in a hospital, it's registered electronically, and it goes directly from the hospital right into our electronic health record here in the family health team.

Dr. Jane Philpott
Health for All Family Health Team

EMR Functionality

- ✔ Patient encounter documentation
- ✔ Billing and scheduling
- ✔ Chronic disease management
- ✔ Medication management, including:
  - electronic generation of prescriptions
  - drug-to-drug and allergy interaction checking
- ✔ Lab test management, including:
  - electronic generation of lab requisitions
  - electronic receipt of results from OLIS and private labs
- ✔ Immunization management
- ✔ Electronic receipt of hospital reports

ONTARIO LABORATORIES INFORMATION SYSTEM (OLIS)

OLIS is another Ontario health care success story — a province-wide online repository of secure lab information and test results shared among hospitals, community laboratories, public health laboratories and health care providers.

What's New?

Laboratory test results data flowing into the OLIS repository rose by nine per cent (74.3 per cent of total tests) in the past year — giving registered health practitioners immediate access to test results and improving patient care. The number of physicians and clinicians accessing OLIS also rose:

- 5,500 additional health care providers gained access to OLIS through an EMR system.
- 11,000 additional providers gained access to OLIS through the London Health Science Centre (LHSC) viewer project.

Other New Developments

- An OLIS viewer designed for clinicians without EMRs and who are not hospital-based, went live at the end of March 2014.
- Province-wide, a total of 65,000 health care providers now have access to OLIS lab results.

Having access to OLIS through our EMR means that, with a button click, we can retrieve all the lab results in OLIS in any defined time period, and be able to then review those and give a much more useful answer to the patient.

Dr. Frank Martino
President, Ontario College of Family Physicians

DIAGNOSTIC IMAGING PROGRAM

The diagnostic imaging (DI) program delivers secure electronic access to a patient's diagnostic images and reports to approximately 3,000 Ontario health care providers every month. This capability is providing physicians with faster access to patients' X-rays, MRIs and other diagnostic images resulting in a faster treatment.

What's New?

Again this year, the DI program enjoyed many successes. All four DI regional repositories (DI-rs) are complete, allowing 100 per cent of DI reports and images from Ontario hospitals to be available for viewing and sharing within their respective region.

Specifically, all 70 hospital sites in the southwestern Ontario diagnostic imaging network (SWODIN), all 38 hospital sites in the hospital diagnostic imaging repository services (HDIRS), all 67 hospital sites in the northern and eastern Ontario diagnostic imaging network (NEODIN), and all 35 hospital sites in the Greater Toronto Area west are integrated into the repositories.

Other New Developments

- A pilot project to connect independent health facilities (IHFs) to the DI-rs is now complete with nine hubs, representing 48 facilities integrated. With the addition of IHFs, DI results are available to hospital-based providers. Full-scale integration is now underway, with six more integrations completed and 1.5 million exams collected annually.

- All 101 acute care centres are live with the emergency neuro image transfer system (ENITS). ENITS allows for remote viewing, by neuro specialists, of emergent head and spine CT and MRI images making remote neuro consultations easier, faster and more accurate. With ENITS, specialists and emergency room physicians can properly assess the stage and severity of the stroke and determine if the tissue plasminogen activator (t-PA) injection, which breaks down blood clots, is a viable treatment option. When administered within two hours, a t-PA injection can prevent paralysis and even death.

- Ontario now has one common platform for all emergency neuro care, including not only head and spine trauma, but stroke as well. Working with the MOHLTC, Ontario Telemedicine Network (OTN), London Health Sciences Centre (LHSC) and CritiCall Ontario, eHealth Ontario has upgraded the ENITS system to include telestroke consultations. OTN's 16 neurologists are registered to use ENITS as part of their regular workflow.

For acute stroke therapy, you can't manage a patient without being able to see their CT scan. What ENITS has enabled us to do is to be able to look at the scans in real time, and with video conferencing, to actually see the patient and discuss the situation with the local physician.

Dr. Frank L. Silver
Medical Director, Ontario Telestroke Program

REGIONAL INTEGRATION INITIATIVES

eHealth Ontario has built foundational systems capable of creating a level playing field of common clinical information available across the province. To implement and deliver these systems efficiently and practically, eHealth Ontario recognized that solutions must be built and delivered with upfront clinical engagement and consultation to enhance the value proposition, encourage adoption and ensure alignment to health system priorities locally, regionally and provincially.

To accomplish this, and recognizing the challenges of interacting with a wide variety of stakeholders across 14 Local Health Integration Networks (LHINs), eHealth Ontario established three regional hubs: connectingGTA, connectingSouthWestOntario (cSWO), and connectingNorthernandEasternOntario (cNEO). The hubs were developed in partnership with the LHINs and health service providers (HSPs) to achieve this outcome. The results:

- a more coordinated and orchestrated engagement approach to the health sector;
- delivery plans that were tied to clinical and business priorities, with up-front regional buy-in and roadmaps and models for successful delivery; and
- the development of a platform that the province can leverage to increase standardization, improve efficiencies, encourage consolidation and rationalization of duplicate efforts.

To deliver and sustain the provincial EHR, eHealth Ontario is including the province's broader capacity for ehealth delivery with formal regional programs based with significant and experienced health service provider partners in the Greater Toronto Area – connectingGTA, – South West cSWO and North and Eastern – cNEO regions of the province; all subject to the provincial ehealth governance led by eHealth Ontario to realize regional integration.

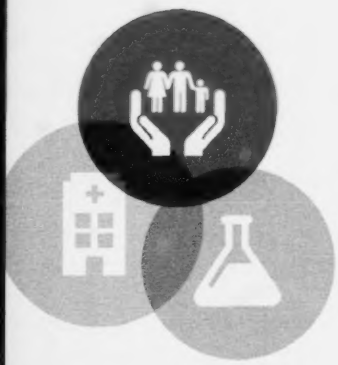
Driven by the benefits of sharing data, regional integration will leverage existing relationships between HSPs that already provide health services to other organizations around them, achieve economies of scale for three regions to be addressed by provincial services for EHR interoperability, and provide capacity to the regional programs and their health service providers to achieve the EHR optimally and in alignment.

Regional integration enables the ongoing evolution and delivery of the provincial EHR. Centralized provincial oversight driving regional delivery, investment and standardization, it is facilitating innovation to bend the cost curve and improve patient care by accelerating the enhanced value of the EHR to front-line clinicians and other HSPs. Recognizing patients move between LHINs and between regions, the provincially driven common technology services provided keeps the patient at the heart of the system, anywhere in the province, across the care continuum.

What's New?

ConnectingGTA

ConnectingGTA, representing over 6.5 million Ontarians, is the largest single ehealth integration delivery program in Canada; delivering EHRs for 50 per cent of Ontario's population in a geographic area covering six LHINs with more than 750 health service providers and close to 50,000



health care professionals. ConnectingGTA is being implemented based on funding from both eHealth Ontario and Canada Health Infoway to build foundational elements needed to deliver an EHR to Ontarians. At the end of fiscal 2013/14, the program is in the final stages of testing.

ConnectingGTA has acquired and started capturing data in a clinical data repository (CDR) that now holds over 24 million pieces of data from 2.1 million Ontarians. With 15 early adopter organizations populating data into the CDR, it now contains approximately 50 per cent of all patient acute data, 93 per cent of Community Care Access Centre (CCAC) data and 75 per cent of lab results for the region. These 15 early adopter organizations and their clinicians will have electronic access to patient data such as lab results, hospital reports, and CCAC service data in the early adopter phase. Planning is underway to integrate the Ministry of Health and Long-Term Care (MOHLTC) Ontario drug benefit database, the eHealth Ontario client and provider registries and to extend the solution to more GTA organizations. The CDR will also be leveraged by both eNEO and eSWO to facilitate the broader information sharing across the province.

ConnectingGTA will allow clinicians to more efficiently order clinical tests based on the content of a patient's health record, allow patients to receive better, timelier and more coordinated care, provide clinicians the ability to initiate more timely treatment and improve productivity and collaboration between physicians, clinicians and specialists and enable health care organizations to maximize investments and resources to improve efficiency and capacity.

The program will be made up of three components to allow for the collection and access to clinical data.

[a] The CDR will store data from existing disparate databases and registries.

[b] The health information access layer (HIAL) will integrate and securely share clinical data from these multiple sources.

[c] A provider portal with direct integration, will allow clinicians to seamlessly access patient information online.

These foundational systems have formed the model on which the eSWO and eNEO regions have based their EHR plans to achieve common key EHR solutions for clinicians across the province.

connectingSouthWestOntario (eSWO)

eSWO continues to rapidly progress towards its EHR solution that will benefit approximately 40,000 clinicians and 3.6 million Ontarians. Another key integration initiative – eSWO, represents 30 per cent of the province's residents, involves four LHINs, over 70 hospitals, and thousands of primary and community care sites. eSWO has recently begun the implementation phase of their regional EHR.

During the previous year, eSWO achieved numerous outcomes including implementation of a robust regional hub program governance, with delivery partners in each southwest LHIN, representatives of the health continuum and related provincial services. Four experienced local change management and adoption HSP partners (one per LHIN) have been selected and funded to deliver last mile adoption under our delivery partner – London Health Sciences Centre's direction.

The eSWO regional clinical viewer has been enhanced to regional capacity including integration readiness for the major hospital information systems in the region and adoption enhancements over 3,400 clinicians

bringing registered users to over 18,000 users. eHealth Ontario has concluded several clinical value projects in the past year which accelerated EHR systems access to clinicians while providing readiness in the region for broader regional and provincial EHR solutions. One hundred per cent of hospitals in Waterloo Wellington and Haldimand Norfolk Haldimand Brant LHINs are now integrated to the regional clinical viewer (ClinicalConnect) and expansion into Erie St Clair and South West LHINs hospitals is underway. Integration of OLIS data into the regional clinical viewer is now in place to facilitate access to patients' lab data and 100 per cent of CCACs are integrated to the regional clinical viewer.

The cSWO program is accelerating the development and implementation of the provincial EHR across south west Ontario using existing local, regional and provincial patient information systems and connecting them through the cSWO regional clinical viewer. cSWO is integrating and achieving adoption by clinicians in its region to key EHR solutions in the region with the regional clinical viewer integrated to priority clinical datasets including lab results (OLIS), diagnostic imaging reports (SWODIN), hospital report manager (HRM), acute and primary care information. One hundred per cent of hospitals in the south west region will be integrated, providing clinicians with access to their patients' electronic medical information from all regional hospitals and Community Care Access Centres (CCACs) including access to hospital discharge reports for primary care physician EMRs and enhanced data sets available to clinicians increasing user adoption in primary care, community sectors and public health units.

ConnectingNorthernandEasternOntario (cNEO)

cNEO continues to progress towards its EHR solution that will benefit approximately 2.7 million Ontarians representing over 20 per cent of the province. The cNEO program includes four LHINs in a multi-stakeholder environment addressing a vast geography across northern and northeastern Ontario.

During the previous year, cNEO achieved numerous outcomes including completing the detailed planning process. This was driven by the established cNEO regional hub program governance model with cross regional representation across the health continuum, LHINs and related provincial services. This regional EHR plan, built in consultation, gains buy-in and endorsement to a comprehensive plan that will implement key EHR solutions and services in the region aligned to the provincial blueprint and to local clinician priorities. This has come together through the extensive detailed planning and analysis process, overseeing the participation of 1,000 plus stakeholders, complimented by mobilization activities to achieve immediate clinical value.

The outcome of the process included the completion of the planning and mobilization phase of the project, clinical identification and validation of regional priorities, confirmation of alignment to the eGTA solution set and the development of a roadmap for implementation.

Based on the outcomes of the planning and road mapping exercises, cNEO implementation is about to begin and will enroll over 18,000 clinicians from across 357 HSPs including acute, community and primary care sectors to the cNEO integrated regional clinical viewer. A total of 65 cNEO hospitals and four CCACs will contribute data to the provincial clinical document repository facilitating report sharing among health service providers in the region and with other regions through provincial integration. Facilitated access to hospital discharge reports for primary care physician EMRs and enhanced clinical data sets will be available to clinicians in the region.

PRIVACY OFFICE

The privacy office ensures the privacy and confidentiality of personal health and other information entrusted to the agency as it is collected, transmitted, stored or exchanged. This office also has specific privacy and data protection obligations under the Personal Health Information Protection Act, and data governance controls for the creation and maintenance of electronic health records.

What's New?

The agency's privacy team continues to support key agency objectives through the completion of privacy impact assessments. Privacy is embedded into the design, development and implementation of complex systems and tools, such as the consent management technology asset and monitoring and control technology program, which form integral parts of the provincial EHR.

To ensure privacy compliance and best practices, eHealth Ontario continues to monitor and refresh its operational structures through operational audits and reviews, such as the agency-wide compliance audit of eHealth Ontario's privacy policies and procedures completed in 2013.

Other New Developments

- In 2013/2014, strides were made in the work of the connecting privacy committee (CPC), a forum which convenes to address complex privacy issues associated with the development and implementation of Ontario's EHR.
- One success of the CPC is the participation of representatives from the health sector, regional hub partners, office of the information and privacy commissioner of Ontario, the MOHLTC and Canada Health Infoway in the development of common privacy policies and procedures for organizations participating in the provincial EHR. Work on these policies is currently underway, with core policies having been completed.
- Adoption of these harmonized policies by Ontario's regional health care hubs will enable a consistent privacy experience for providers who use ehealth systems and the individuals whose information is stored in those systems. The policies are now in use in eGTA and underpin deployment of the diagnostic imaging common service.

Internal Privacy Breach

In 2013/2014, an eHealth Ontario staff member accessed his own personal health information (PHI), and that of his wife and child. PHI includes an individual's health number, address, age, medical record numbers, and information on hospitals visited.

Circumstances of the Breach

eHealth Ontario conducts periodic audits of information access by users. Employees are reminded of this periodically. After an application development team meeting in April 2013, an individual confided to his manager he had accessed PHI improperly while testing an application. Within days, an audit of access was completed and confirmed three dates when PHI was accessed.

Remedial Measures Taken

The individual in question was immediately denied access to any system containing PHI and suspended pending further investigation. As per agreement with the MOHLTC, notice of the breach was reported to the ministry and the eHealth Ontario board of directors.

The individual did not print any information and viewed only a screen shot, but did not click through other screens. The investigation concluded that, while this was an isolated case of access by this individual, disciplinary processes were required. In addition to privacy role-based refresher training for all related team members, a follow-up audit was conducted to confirm no other staff members accessed information inappropriately. The audit report confirmed no new findings of inappropriate access.

The individual is no longer with the agency.

DRUG PROFILE VIEWER

Drug Profile Viewer (DPV) is a secure, web-enabled application providing authorized health care providers in all 245 hospital sites with dispensed drug histories for 3.8 million Ontario Drug Benefit and Trillium Drug Program recipients.

What's New?

eHealth Ontario is working with the ministry on a plan to provide access to dispensed drug histories to over 16,000 primary care and 80,000 community care providers using their point of care solutions such as regional or hospital portals and EMRs.

Other New Developments

- Utilization has increased by 130 per cent since fiscal year 2009/10. Today over 2.6 million drug histories being viewed – which translates into 218,000 views per month; 50,000 views per week; 7,100 views per day.
- More than 13,000 health care providers and administration staff have registered and enrolled for DPV access.
- The University of Toronto School of Pharmacy has partnered with us to facilitate pre-registering students for DPV access, as well as raising application awareness through onsite presentations. eHealth Ontario successfully pre-registered almost 500 students for DPV access — allowing them to arrive at hospital placements with ready access to the DPV service in advance, and creating a better experience for the students and hospitals.

MEDICATION MANAGEMENT SYSTEM

The Medication Management System has not proceeded as originally conceived. eHealth Ontario is working with the ministry to define an alternate approach for delivering strategy.

ARCHITECTURE, STANDARDS AND PLANNING

The architecture, standards and planning division helps ensure information and solutions are designed so they can be readily exchanged and understood by care providers across the province. It works closely with health care providers, hospitals, community-based providers, the provincial and federal governments, and vendors to develop and maintain the best solutions for Ontarians. As a result, eHealth Ontario leads the way in standards and information architecture development for the electronic sharing of patient information.

What's New?

Since 2012, a two-tiered governance structure has been in place for Ontario EHR interoperability standards, bringing stakeholders together to make consensus-based decisions about creating and adopting standards-based products and services. Between two external governance committees, there is representation from 22 external stakeholder organizations.

In 2013/2014, the governance committees expanded their mandate to become the Ontario EHR architecture and standards committees, meaning that the multiple organizations responsible for developing, maintaining and connecting various EHR assets now have a formal role in providing strategic advice and approval on the development, maintenance and conformance of eHealth Ontario's architecture-and standards-based programs, products and services.

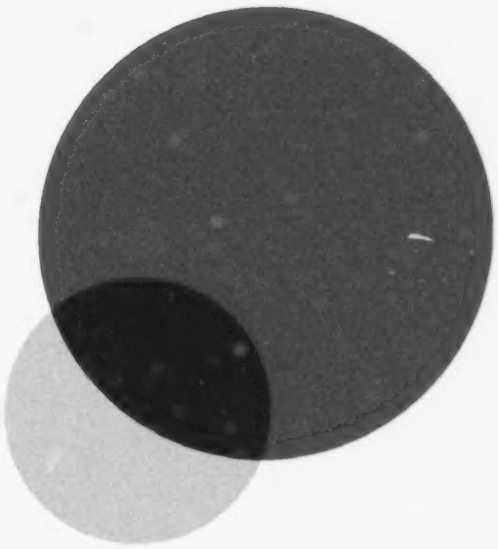
To date, eight Ontario interoperability standards have been approved, ranging from a clinical document specification to an eReferral specification to the provincial client registry. The Ontario EHR architecture and standards governance committee will soon review additional standards in areas such as clinical document architecture, single sign-on, and patient context sharing.

Other New Developments

- An enterprise architecture provincial repository of authoritative information for EHR architecture and standards in Ontario, leveraging the SPARX Enterprise Architect as a tool of choice (Sparx Systems specialize in the development of visual tools for planning, design and development of software intensive systems).
- The authoritative provincial EHR strategic artifacts (such as Ontario's ehealth blueprint) will be used by internal and external stakeholders Provincial Common Integration Services (PCIS) to support business and technology planning.
- The division continues to provide e-learning courses about Ontario's ehealth blueprint to support health care and technology service providers in the delivery of electronic health records.

PROVINCIAL COMMON INTEGRATION SERVICES (PCIS) PROGRAM

The PCIS program will provide the underlying technology that enables sharing of records between systems based upon an agreed set of standards. This technology will provide a consistent method of record sharing without costly development of point-to-point solutions between each data source.



What's New?

Integration has been completed for the:

- Provincial client registry (PCR), to enable access to the authoritative source of patient information for the provincial EHR.
- Provider registry (PR), to facilitate the identification of health care providers in Ontario.

The program is on schedule to complete integration with diagnostic imaging (DI) repositories to enable health care providers in Ontario.

Other New Developments

- eHealth Ontario has also implemented a central repository for clinical terminology management. The ability to translate local terminology to a standard provincial terminology will be important for a provincial EHR and its ability to confidently share clinical data.

PROVINCIAL CLIENT REGISTRY (PCR)

Ontario's PCR standard helps to uniquely identify individuals based on demographic information. It detects duplicate records and links data from a variety of eHealth Ontario applications. PCR improves the quality of information about patients inside and across health care organizations. It represents 97 per cent of Ontario's 13.5 million residents. The remaining 3 per cent are primarily First Nations and Canadian military — patients who fall outside the provincially-funded health care system.

What's New?

Integration of the client registry and enterprise master patient index (EMPI) went live in 2013/2014, moving eHealth Ontario significantly forward in its goal of building a robust and comprehensive patient registry for the province. A jurisdictional scan showed Ontario's strategies to ensure data integrity and quality are among the most comprehensive when compared to provinces using similar technology.

In May 2013, the standard supporting Ontario's PCR received Ontario EHR architecture and standards committees' approval. More than 190 stakeholder comments and recommendations were received for the standard and over 60 per cent of the recommendations received were included in the final version.

Other New Developments

The provider registry (PR) benefited from the addition of three new college data feeds (The Ontario College of Pharmacists, College of Midwives of Ontario and Royal College of Dental Surgeons of Ontario) — increasing the number of regulated provider persons in the PR by approximately six per cent. The PR now represents a total of 85 per cent of regulated provider persons in Ontario, achieving its 2013-2014 goal.

OPERATIONS DIVISION

eHealth Ontario operations division manages EHR technology operations and ensures EHR services delivered to the health care sector are secure, timely, accurate, efficient and well-supported by knowledgeable professionals. Operations deploy and support our underlying technologies, and ensure EHR delivery partners are seamlessly integrated to provide a cohesive end-to-end service.

What's New?

In the previous year, operations began a transformation program to enhance eHealth Ontario's capability to be a top-tier service delivery organization with best practices in availability, capacity and change management, as well as problem resolution, customer service, vendor management and "always on" systems. That transformation program successfully achieved its mandate of instilling a continuous service improvement agenda in each business unit.

Another key achievement has been the storage technology refresh strategy, which modernizes our storage capabilities by leveraging new technologies and capabilities, to refresh aging technology, and rethink the way we manage data storage. The ability to store and retrieve data for future analysis is becoming an essential part of how data repositories will be used in the future. Implementation of the strategy will improve operating efficiencies and provide additional capacity and scalability while reducing operating costs.

eHealth Ontario successfully partnered with the Ministry of Child and Youth Services in launching a new public health system, Healthy Child Development. This replaces two other child health care applications used in 36 public health units by over 2,500 users. By updating technology systems, approximately three million client records will be protected from data loss and ensure smooth running of the Preschool Speech and Language (PSL), Infant Hearing, and Blindness and Low Vision programs.

Other New Developments

With the objective of continuing to improve client satisfaction and reduce costs, various initiatives enhanced operations performance, including:

- Change management: With increasing demands to ensure services are continuously available. Operations will continue to focus on improving its ability to implement changes without disruption.
- Incident, problem and event management: Continuous improvements to problem management through incident trending have resulted in enhanced systems availability.
- Service desk and business desk: Client satisfaction ratings improved for both the Service desk and business desk in the past year, meeting or exceeding targets.
- Over 2013/2014, operations supported several high-priority initiatives, successfully building out the infrastructure and hosting facilities for three new major systems: Panorama (provincial vaccine registry), Hospital Report Manager and ConnectingGTA.
- The ONE® Network value realization program was completed, which assisted over 3,000 clinicians in finding affordable Internet connectivity for health care systems, as well as contributing to a significant increase in the adoption of ONE Network services across the hospital sector. The program also enabled decommissioning of hospital-funded network services from commercial suppliers, creating additional savings for these hospitals.

Ontario's Ehealth Blueprint

ONTARIO'S EHEALTH BLUEPRINT: WHY IT MATTERS

Ontario's ehealth blueprint, a critical planning document for the province's health care system, is evolving and eHealth Ontario has a vital role to play in ensuring the future success of the provincial electronic health record (EHR).

The blueprint, created after extensive consultations with health care providers and delivery partners across the province, is important to ensuring a safe and robust system where millions of electronic records containing vast amounts of personal health information can be exchanged securely.

eHealth Ontario: The provincial systems integrator for digital health care delivery

The essential drivers of the blueprint are connectivity, innovation, and a commitment to improve delivery of care and patient outcomes. In that vein, eHealth Ontario will continue to operate as a systems integrator — maintaining and distributing clinical data through the OLIS program, digital images repositories, and many other services.

eHealth Ontario will also continue to provide advice and guidance to the health care sector through its architecture, standards and planning division. And, eHealth Ontario has an equally important role to play as a utility for managing and connecting new technologies as they come online.

Our vision for eHealth Ontario is to help in establishing authoritative information for EHR architecture and standards in Ontario, and provide coordinated guidance to help implementers bring products online or integrate existing solutions.

Supporting Regional Initiatives

eHealth Ontario also has a vital role to play in future initiatives within the three major regions — Greater Toronto Area, south west Ontario, and northern and eastern Ontario.

eHealth Ontario is taking a collaborative or distributed approach to its ehealth roadmap, with each of the three regions empowered to engage stakeholders and integrate their systems into the broader ecosystem. Each region is responsible for its own "hub," which means multiple organizations will be responsible for developing, maintaining and connecting various EHR assets.

eHealth Ontario has an important role in ensuring this is a collaborative effort to create a scalable system that can securely share the right information, with the right people, at the right time.

eHealth Ontario looks forward to providing guidance to help implementers build and integrate these ehealth solutions, and ensure these systems can:

- Improve the patient experience through coordination of care
- Improve the quality of patient care through informed decision-making
- Improve the overall efficiency and sustainability of the health care sector, and
- Inform management decision-making, planning, outcome measurement, accountability and research

With the evolution of the blueprint, eHealth Ontario will help ensure a sound architectural foundation for EHRs across Ontario, and provide all citizens with a safe, robust and secure system where millions of electronic records containing our personal health information can be confidently exchanged.

Financial Statements

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL INFORMATION

Management and the board of directors are responsible for the financial statements and all other information presented in the annual report. The financial statements have been prepared by management in accordance with Canadian public sector accounting standards and where appropriate, include amounts based on management's best estimates and judgment. Management is responsible for the integrity and objectivity of these financial statements. The financial information presented elsewhere in this Annual Report is consistent with that in the financial statements in all material respects.

eHealth Ontario is dedicated to the highest standards of integrity in its business. To safeguard the agency's assets and assure the reliability of financial information, the agency follows sound management practices and procedures, and maintains appropriate financial reporting systems and controls.

The board of directors ensures that management fulfills its responsibilities for financial information and internal controls. The financial statements have been reviewed by eHealth Ontario's finance and audit committee and approved by the board of directors.

The financial statements have been examined by Ernst & Young LLP, independent external auditors appointed by the board of directors. The external auditors' responsibility is to examine the financial statements in accordance with Canadian generally accepted auditing standards to enable them to express their opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The independent auditor's report outlines the scope of the auditor's examination and opinion.

F. David Rounthwaite
Interim Chief Executive Officer

FINANCIAL COMMENTARY

The financial commentary describes the financial position and results of operations of eHealth Ontario (the agency) for the fiscal year ended March 31, 2014. This commentary should be read in conjunction with the financial statements and accompanying notes, which have been prepared in accordance with Canadian public sector accounting standards. Management is responsible for the information presented in the Annual Report.

Funding

eHealth Ontario receives all of its funding from the MOHLTC. Under its establishing regulation as an operational services agency, it is prohibited from receiving funding from any other source. eHealth Ontario does not charge health care providers for any products or services.

As noted in the statement of operations and changes in net assets, and the notes to the financial statements, funding for reporting purposes has been separated into government grants and capital contributions. Capital contributions relate to the purchase of property, equipment and software that are amortized over their useful lives. For FY 2013/14, the amortized expenditure was $21.0 million compared to $42.6 million in the prior year. The prior year amount included a write-down of capital investments on certain projects. No such write-down was recognized in the current year resulting in a significant decrease in the expenditure.

To support eHealth Ontario's general operations and projects, the agency received $353.9 million in committed funding in FY 2013/14 compared to $425.0 million in FY 2012/13.

Table 1: Expenses	FY 2013/14 (in millions)	FY 2012/13 (in millions)
EXPENSES		
Core business	$151.9	$175.4
Technology services	108.8	120.3
Corporate functions and shared support services	66.2	64.2
Operating expenditures	**326.9**	**359.9**
Impairment charge	-	26.9
Amortization of capital assets	24.0	15.6
Total expenses	**350.9**	**402.4**

FY 2013/14 Expenditures

Total expenditures, including capital spend, were $344.5 million (operating expenditures - $326.9 million; capital spend - $17.6 million) in FY 2013/14 compared to $382.8 million (operating expenditures - $359.9 million; capital spend - $22.9 million) in FY 2012/13.

The statement of operations and changes in net assets (see excerpt in table 1 above) reflects the total expenses, with the exception of total capital expenditures, in the year. It includes only the portion of capital amortized within the year.

Cash Flow and Financial Position

Cash used in operating activities was $62.9 million in FY 2013/14 compared to cash provided by operating activities of $42.8 million in FY 2012/13. This variance is due to the timing of MOHLTC funding and the payment of expenditures.

Cash used to purchase capital assets increased by $11.8 million to $26.7 million in FY 2013/14 as certain projects and programs required higher capital investments in the year.

Significant changes in the year end balances on the statement of financial position were caused by the timing of MOHLTC funding and the timing of project expenditures.

INDEPENDENT AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF EHEALTH ONTARIO

We have audited the accompanying financial statements of eHealth Ontario, which comprise the statement of financial position as at March 31, 2014 and the statement of operations and changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of eHealth Ontario as at March 31, 2014 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Toronto, Canada,
June 26, 2014.

Chartered Accountants
Licensed Public Accountants

STATEMENT OF FINANCIAL POSITION

[IN THOUSANDS OF DOLLARS]

As at March 31	2014	2013
	$	$
ASSETS		
Current		
Cash	19,993	92,044
Prepaid expenses	10,526	7,489
Due from Ministry of Health and Long-Term Care [note 3[b]]	6,411	4,234
HST and other receivables	8,673	7,781
Total current assets	**45,603**	111,548
Capital assets, net [note 4]	62,792	69,198
Prepaid expenses	3,042	2,750
	111,437	183,496
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	38,936	71,630
Due to Ministry of Health and Long-Term Care	9,709	42,668
Total current liabilities	**48,645**	114,298
Deferred capital contributions [note 5]	62,792	69,198
Total liabilities	**111,437**	183,496
Commitments and contingencies [note 6]		
Net assets	—	—
	111,437	183,496

See accompanying notes

On behalf of the board:

F. David Rounthwaite
Interim Chief Executive Officer

Raymond V. Hession
Chair of the Board of Directors

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

[IN THOUSANDS OF DOLLARS]

Year ended March 31	2014	2013
	$	$
REVENUE		
Government grants [note 3[a]]	326,991	359,913
Amortization of deferred capital contributions [note 5]	24,046	42,566
	351,037	402,479
EXPENSES [NOTE 7]		
Core business	151,920	175,480
Technology services	108,896	120,269
Corporate functions and shared support services	66,175	64,164
	326,991	359,913
Impairment charge [note 4]	—	26,985
Amortization of capital assets [note 4]	24,046	15,581
	351,037	402,479
Excess of revenue over expenses for the year	**—**	—
Net assets, beginning of year	—	—
Net assets, end of year	**—**	—

See accompanying notes

STATEMENT OF CASH FLOWS

[IN THOUSANDS OF DOLLARS]

Year ended March 31	2014	2013
	$	$
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not involving cash		
Amortization of deferred capital contributions	(24,046)	(42,566)
Impairment charge	—	26,985
Amortization of capital assets	24,046	15,581
	—	—
Changes in non-cash working capital balances		
related to operations		
Prepaid expenses	(3,329)	(535)
HST and other receivables	(892)	(4,674)
Accounts payable and accrued liabilities [note 8]	(23,601)	5,213
Due to/from Ministry of Health and Long-Term Care	(35,136)	42,850
Cash (used in) provided by operating activities	**(62,958)**	42,854
INVESTING ACTIVITIES		
Purchase of capital assets	(26,733)	(14,886)
Cash used in investing activities	**(26,733)**	(14,886)
FINANCING ACTIVITIES		
Contributions used to fund capital assets	17,640	22,857
Cash provided by financing activities	**17,640**	22,857
Net (decrease) increase in cash during the year	(72,051)	50,825
Cash, beginning of year	92,044	41,219
Cash, end of year	**19,993**	92,044

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

[IN THOUSANDS OF DOLLARS]

March 31, 2014

1. NATURE OF OPERATIONS

eHealth Ontario is designated as an operational service agency established under the Ontario Regulation made under the Development Corporations Act (O. Reg. 43/02). Subsection 2(3) of O. Reg. 43/02 provides that eHealth Ontario is, for all purposes, an agency of Her Majesty within the meaning of the Crown Agency Act and its powers may be exercised only as an agency of Her Majesty. Subsection 6(1) of O. Reg. 43/02 provides that the Board of Directors is composed of the members appointed by the Lieutenant-Governor in Council on the recommendation of the Minister of Health and Long-Term Care. The Lieutenant-Governor in Council can appoint up to 12 members to eHealth Ontario's board of directors. Pursuant to subsection 7(1) of O. Reg. 43/02 and subject to any directions given by the Minister of Health and Long-Term Care under section 8, the affairs of eHealth Ontario are under the management and control of the board of directors. Subsection 9(1) of O. Reg. 43/02 provides that the Chief Executive Officer of eHealth Ontario be appointed by the Lieutenant-Governor in Council.

The objectives of eHealth Ontario are as follows:

(a) to provide eHealth Ontario services and related support for the effective and efficient planning, management and delivery of health care in Ontario;

(b) to develop eHealth Ontario services strategy and operational policy; and

(c) to protect the privacy of individuals whose personal information or personal health information is collected, transmitted, stored or exchanged by and through eHealth Ontario, in accordance with the Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act, 2004 and any other applicable law (O. Reg. 329/08, s.4).

eHealth Ontario and the Ministry of Health and Long-Term Care [the "Ministry"] entered into a Memorandum of Understanding and Transfer Payment Agreement effective April 1, 2009. The Transfer Payment Agreement expired on March 31, 2011 and an Accountability Agreement with the Ministry was signed on March 31, 2011 for a one-year term. Effective April 1, 2012, eHealth Ontario and the Ministry entered into a new Accountability Agreement for a three year period ending March 31, 2015.

eHealth Ontario is funded by the Province of Ontario through the Ministry. Any surplus balance must be repaid in the following fiscal year. Any deficit balance reduces the funding allocation in the following fiscal year.

As a Crown agency, eHealth Ontario is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements were prepared in accordance with the Public Sector Accounting Handbook, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. eHealth Ontario has chosen to use the standards for government not-for-profit organizations that include Section PS 4200 to PS 4270. The financial statements have been prepared based on the significant accounting policies described below.

Revenue Recognition

eHealth Ontario follows the deferral method of accounting for contributions. Contributions are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Contributions with respect to the purchase of capital assets are deferred and recognized as funding in the year in which the amortization expense is recognized.

Allocation of Expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are included in shared services expenses.

Capital Assets

Capital assets are recorded at cost, net of accumulated amortization. Amortization is provided on a straight-line basis over the estimated useful lives of the assets as follows:

Computer hardware	3 to 5 years
Computer software	3 to 10 years
Furniture and office equipment	5 years
Leasehold improvements	Over the term of the leases

Capital assets that no longer have any long-term service potential for eHealth Ontario are written down to residual value, if any. The excess of the carrying value over the residual value of such assets is recognized as amortization in the statement of operations and changes in net assets.

Internal labour costs are capitalized in connection with the development of information technology projects.

Employee future benefits

Contributions to a defined contribution plan are expensed on an accrual basis.

3. GOVERNMENT OF ONTARIO

(a) Funding from the Ministry recognized as revenue is calculated as follows:

	2014	2013
	$	$
Funding for eHealth Ontario operating/capital expenditures	234,144	290,003
Funding for transfer payments to eHealth Ontario partners	119,756	134,997
Total funding	**353,900**	425,000
Amounts used to fund capital assets and recorded as deferred capital contributions [note 5]	(17,640)	(22,857)
Interest earned during the year repayable to the ministry	440	438
Interest earned and funding not used recorded as due to ministry	(9,709)	(42,668)
Amount recognized as revenue	**326,991**	**359,913**

(b) Due from the ministry consists of amounts due from the Ministry's Health Services I&IT Cluster related to the purchase of certain hardware and software on its behalf by eHealth Ontario and labour and other operating costs related to services provided by eHealth Ontario.

4. CAPITAL ASSETS

	2014		
	Cost	Accumulated amortization	Net Book Value
	$	$	$
Computer hardware	65,271	47,195	18,076
Computer software	82,222	44,107	38,115
Furniture and office equipment	6,203	4,829	1,374
Leasehold improvements	4,464	3,776	688
Work-in-process	4,539	—	4,539
	162,699	**99,907**	**62,792**

	2013		
	Cost	Accumulated amortization	Net Book Value
	$	$	$
Computer hardware	66,673	42,047	24,626
Computer software	63,419	30,778	32,641
Furniture and office equipment	5,845	4,253	1,592
Leasehold improvements	4,258	3,559	699
Work-in-process	9,640	—	9,640
	149,835	**80,637**	**69,198**

In the current year, certain assets no longer in use with a total cost of $4,455 [2013 - $10,847], accumulated amortization of $4,445 [2013 - $10,484] and a net book value of $10 [2013 - $363] were written off and included in amortization of capital assets.

During the year ended March 31, 2013, impairment charges of $26,985 were recognized for the write-down of work-in-process in connection with projects that were redefined. No such impairment charge was recognized in the current year.

5. DEFERRED CAPITAL CONTRIBUTIONS

	2014	2013
	$	$
Balance, beginning of year	69,198	88,907
Contributions used to fund capital asset purchases [note 3[a]]	17,640	22,857
Amortization	(24,046)	(42,566)
Balance, end of year	**62,792**	69,198

6. COMMITMENTS AND CONTINGENCIES

(a) eHealth Ontario has various multi-year contractual commitments for services. Payments required on these commitments are as follows:

	$
2015	53,194
2016	24,153
2017	18,059
2018	10,190
2019	2,282
2020 and thereafter	7,417
	115,295

[b] Ontario Realty Corporation, a Crown Corporation of the Province of Ontario, holds leases on the office space occupied by eHealth Ontario. eHealth Ontario is responsible for all of the operating lease payments. The payments required to the date of expiry are as follows:

	$
2015	5,460
2016	4,170
2017	1,281
2018	168
	11,079

[c] eHealth Ontario has entered into transfer payment agreements with eHealth Ontario partners that require future payments once defined eligibility requirements have been met. Work has begun under many of these arrangements and progress against the eligibility requirements is monitored regularly. Total future payments in connection with these contracts are approximately $81.4 million, of which $74.2 million is expected to be paid in fiscal 2015. These payments are payable over the period ending March 31, 2018.

[d] eHealth Ontario participates in the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the public liability insurance risks of its members who are all Canadian not-for-profit health care organizations. All members of the HIROC pool pay annual premiums which are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they are members. Since its creation, HIROC has never assessed its members and none have been made for the year ended March 31, 2014.

[e] In the normal course of operations, eHealth Ontario is subject to various claims and potential claims. Management has recorded its best estimate of the potential liability related to these claims where potential liability is likely and able to be estimated. In other cases, the ultimate outcome of the claims cannot be determined at this time.

Any additional losses related to claims will be recorded in the year during which the liability is able to be estimated or adjustments to any amount recorded are determined to be required.

NOTES TO FINANCIAL STATEMENTS
[IN THOUSANDS OF DOLLARS]

March 31, 2014

7. EMPLOYEE FUTURE BENEFITS

eHealth Ontario has a defined contribution pension plan for its employees. eHealth Ontario's contributions to this plan during the year amounted to $3,647 [2013 - $3,592].

8. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets for the year ended March 31, 2014 of $9,093 [2013 - $7,971] has been excluded from the statement of cash flows.

9. FINANCIAL INSTRUMENTS

Credit Risk

eHealth Ontario is exposed to credit risk in connection with its accounts receivable because of the risk that one party to the financial instrument may cause a financial loss for the other party by failing to discharge an obligation.

eHealth Ontario manages and controls credit risk with respect to accounts receivable by only dealing with recognized, creditworthy third parties. In addition, receivable balances are monitored on an ongoing basis. As at March 31, 2014, there are no significant amounts that are past due or impaired.

Liquidity risk

eHealth Ontario is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. eHealth Ontario derives all of its operating revenue from the Government of Ontario with no firm commitment of funding in future years. To manage liquidity risk, eHealth Ontario keeps sufficient resources readily available to meet its obligations.

Accounts payable mature within six months.

10. COMPARATIVE FINANCIAL STATEMENTS

Certain comparative figures have been reclassified from statements previously presented to conform to the presentation of the 2014 financial statements.

eHealth Ontario

It's working for you

eHealth Ontario

It's working for you

Benefits for Patients

Electronic health records are already having a positive impact on patient care across the province. Patients will notice a difference in their health care experience through:

- Improved care through safer, more accurate and complete information shared among all health care providers;
- Optimized patient safety using alerts to reduce medication errors and provide proactive preventative care measures;
- Improved wellness through earlier identification of clinical results and more rapid intervention;
- Reduced wait times for appointments, procedures and access to community care facilities;
- Reduced wait times for laboratory test results and clinical diagnosis;
- Improved security of confidential health information through modern, encrypted data protection systems; and
- Reduced re-ordering of lab tests.

Benefits for Doctors and Clinicians

For doctors and clinicians, the impact of electronic health records is far reaching, allowing care givers to improve the services they provide through:

- Immediate, accurate and secure access to pertinent patient medical information from all relevant sources, including hospital and community care reports and discharge records, as well as EMR files;
- Improved access to patient information in a more standardized manner, providing efficiencies and eliminating duplication of effort at the point-of-care;
- Rapid access to a wide array of data ranging from lab reports and test results, medication records and digital diagnostic images;
- Reduced potential for adverse drug interactions due to electronic generation of prescriptions and record-keeping;
- Improved practice efficiencies through automated workflows; and
- Additional time to focus on patients.

Benefits for Health Care System

Electronic health records improve access to the health care system and the quality of care patients receive while reducing costs. Benefits to the system are achieved through:

- Lower costs through fewer duplicate tests, fewer physician and specialist visits and fewer emergency room and hospital visits;
- More efficient transfer of patients to the appropriate level of care (from hospital emergency rooms to long-term care facilities);
- Improved management of chronic diseases;
- Reduced wait times and access to treatment; and
- Reduced demands on health care resources.

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